

Camper's Name: _____ Age: _____

Camp Registration

Christiana Skating Center

Dover Skating Center

Camper Name: _____	Shirt Size: _____
Address: _____	
City _____	State: _____ Zip: _____
Date of Birth: _____	Boy/Girl: _____ Grade completed: _____
Skating Experience (circle one):	Never Skated Beginner Intermediate Advanced




Parent/Guardian #1: _____	Relationship: _____
Primary Phone#: _____	Secondary Phone #: _____
Email Address: _____	
Address: (if not the same as camper) _____	
City _____	State: _____ Zip: _____

Parent/Guardian #1: _____	Relationship: _____
Primary Phone#: _____	Secondary Phone #: _____
Email Address: _____	
Address: (if not the same as camper) _____	
City _____	State: _____ Zip: _____

Medical Information: (Please include a copy of your insurance card. Copy both sides of the card so information is readable)	
Insurance Company: _____	Policy Number _____
Subscriber: _____	Insurance Co Phone: _____
Primary Doctor: _____	Phone: _____

List known allergies: _____
List Dietary restrictions: _____
List physical restrictions: _____
Will your child take any medication daily at camp? If yes, complete the medication form. _____
Do we have permission to administer Tylenol to your child? _____

Camper's Name: _____ Age: _____

-  Please attach a copy of your child's most recent immunizations.
-  Please attach a copy of your medical insurance
-  Please attach a small school photo of your child.

Emergency Contact:

*The following people have permission to pick up my child from camp.
If I can not be reached in an emergency, you may contact these people.*

Emergency Contact #1: _____ Relationship: _____

Primary Phone#: _____ Secondary Phone #: _____

Emergency Contact #2: _____ Relationship: _____

Primary Phone#: _____ Secondary Phone #: _____

Please share any other information that you feel will help us care for your child while at camp: _____

Photo Release:

*Any photos or video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial remuneration is available should such a picture or video be used. Initial if you **DO NOT** wish your child's photo to be used throughout the skating center or online. _____*

The health history information provided on this form is correct. My child has permission to engage in all camp activities and be transported to and from the field trips I have selected for him/her. If I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp Staff if there is a change in my child's medical information.

I, the parent/guardian of _____, give permission for my child to engage in all camp activities, and be transported to and from field trips. I have read the parent guidebook and fully understand policies regarding camp activities, camp discipline, and camp payment obligations.

Parent Signature: _____ Date: _____